

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	February 27, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CFR)?::	
Number of copies of CRF::	
Title::	Systems and Methods for Uploading and Distributing Medical Data Sets
Attorney Docket Number::	300568
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	3
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition Included?::	No
Petition Type:	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Richard
Middle Name::	
Family Name::	FEARS
Name Suffix::	
City of Residence::	Moundsview
State or Province of Residence::	MN
Country of Residence::	US

Street of mailing address::	8322 Knollwood Drive
City of mailing address::	Moundsview
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Syria
Status::	Full Capacity
Given Name::	Firass
Middle Name::	
Family Name::	SHEHADEH
Name Suffix::	
City of Residence::	Maple Grove
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	9005 Garland Avenue
City of mailing address::	Maple Grove
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	A.
Family Name::	ESLER
Name Suffix::	
City of Residence::	Coon Rapids
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	10916 Flora Street NW
City of mailing address::	Coon Rapids
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55433

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: AU  
 Status:: Full Capacity  
 Given Name:: Timothy  
 Middle Name:: R. H.  
 Family Name:: PRATT  
 Name Suffix::  
 City of Residence:: Arden Hills  
 State or Province of Residence:: MN  
 Country of Residence:: US  
 Street of mailing address:: 1390 Indian Oaks Court  
 City of mailing address:: Arden Hills  
 State or Province of mailing address:: MN  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 55112

### Correspondence Information

Correspondence Customer Number:: 25764  
 Name::  
 Street of mailing address::  
 City of mailing address::  
 State or Province of mailing address::  
 Country of mailing address::  
 Postal or Zip Code of mailing address::  
 Phone number::  
 Fax Number::  
 E-Mail address::

### Representative Information

Representative Customer Number::	25764	
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Representative Designation::	Registration Number::	Representative Name::
Primary	47,629	Douglas M. Hamilton

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Cardiac Pacemakers, Inc.
Street of mailing address::	4100 Hamline Avenue North
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112